



City of Raleigh

## CUSTOMER SERVICE EVALUATION FORM

**How well are we doing?** We would be most grateful if you could spend a few minutes of your time to fill in the following questionnaire. Your feedback is crucial to improving our services to customers.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Department: \_\_\_\_\_

Staff Person: \_\_\_\_\_

Purpose of visit / specify service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Satisfaction of Service:

Very satisfied ☐  
Fairly satisfied ☐  
Fairly dissatisfied ☐  
Very dissatisfied ☐

Did you have an appointment? Yes ☐ No ☐

How long did you have to wait for service? \_\_\_\_\_

Please express your concern or suggest ways we might improve our service; also let us know what we did well:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional** (please provide below information if you require a reply):

Name and address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email: \_\_\_\_\_

Completed forms may be returned to front desk receptionist.



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